

**Electronic Filing System (EFS) Data  
Electronic Patent Application Submission  
USPTO Use Only**

EFS ID: 11365  
Application ID: 09681586  
Title of Invention: A METHOD FOR GRAPHICALLY  
DEPICTING DRUG ADVERSE  
EFFECT RISKS  
First Named Inventor: Victor Gogolak  
Domestic/Foreign Application: Domestic Application  
Filing Date: null  
Effective Receipt Date: 2001-05-02   
Submission Type: Utility Patent Filing  
Filing Type: new-utility  
Confirmation Number: 0  
Attorney Docket Number: QED0003  
Digital Certificate Holder: cn=Tracy Wesley Druce, ou=Registered Attorneys, ou=Patent and  
Trademark Office, ou=Department of Commerce, o=U.S.  
Government, c=US  
Certificate Message Digest: ehDCS/XPiZInYMOYR3/qsw==  
Total Fees Authorized: \$427.0

Payment Category: CC – Credit Card  
Credit Card Number: \*\*\*\*1006  
Expiration Date: 03012004  
Card Holder Name: Gregory Novak  
RAM User ID: EFSPROD  
RAM Accounting Date: 2001-05-03  
RAM Sequence Number: 284473  
RAM Payment Status: RAM success  
Postal Code: 20191

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09/681586  
05/02/01



# TRANSMITTAL FORM

Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: QED0003

## A METHOD FOR GRAPHICALLY DEPICTING DRUG ADVERSE EFFECT RISKS

First Named Inventor: Mr. Victor V. Gogolak

**SUBMITTED BY**

Name: Mr. Tracy Wesley Druce Esq.  
Registration Number: 35,493  
Electronic Signature Mark: /twd/ Date Signed: 20010502

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I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

bibd-transmittal	QED0003apds.xml
fee-transmittal	QED0003fee.xml
specification	0003.xml

**Comments:**

# FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Small Entity

**TOTAL FEES AUTHORIZED: \$ 427**

## BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 1006  
Expiration Date: 20040301  
Authorized Name: Gregory Novak  
Billing Address: 20191

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 355

Subtotal For Basic Filing Fee: \$ 355

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 28	203	\$ 9	8	\$ 72
Independent Claims: 2	202	\$ 40	0	\$ 0

Subtotal For Extra Claims Fees: \$ 72